



Cool Kids Summer Day Camp 2007

Drop-off/Pickup Authority Form

Name of Camper: _____ Age: _____

Extended Care hours are: 7:30 a.m. – 9 a.m. & 4 p.m. – 6 p.m.

| Select Registered Weeks | Extended Care Requested | | | |
|-------------------------|-------------------------|----|-----------|----|
| | Morning | | Afternoon | |
| Week 1 _____ | YES | NO | YES | NO |
| Week 2 _____ | YES | NO | YES | NO |
| Week 3 _____ | YES | NO | YES | NO |
| Week 4 _____ | YES | NO | YES | NO |
| Week 5 _____ | YES | NO | YES | NO |
| Week 6 _____ | YES | NO | YES | NO |
| Week 7 _____ | YES | NO | YES | NO |

How should your child's program departure be handled at the end of the day period?

_____ My child is to be picked up ONLY by a parent

_____ My child can be picked up by authorized persons listed below

The following people have my permission to pick up my child from this City of Morgan Hill Cool Kids Summer Camp Program:

Name _____ Relationship _____

Circle one:

(Day/Evening) Phone _____ Cell Phone _____

Name _____ Relationship _____

Circle one:

(Day/Evening) Phone _____ Evening Phone _____

In the event of an emergency, we will NOT allow your child to check him/herself out. We will care for your child until you or another adult named above arrives to proceed with checkout.

Father/Mother _____ Date _____

Or

Legal Guardian _____ Date _____

RETURN